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ABSTRACT

Attention-deficit hyperactivity disorder (ADHD) is the most common psychiatric disorder of childhood. The extensive research on ADHD indicates that both assessment and treatment of ADHD is best accomplished through the involvement of multiple informants. By establishing a supervisory relationship with a university-based training clinic, child clinicians can expand their range of services while providing clinical experiences and supervision to graduate students in clinical, counseling, and school psychology. The ADHD Research Clinic at Indiana State University was established in response to a request by community pediatricians who increasingly were being called upon to assess children for ADHD during routine office visits. In addition, parents and school personnel were calling upon them for assistance. The Clinic provides both assessment and intervention services, utilizing the combined resources of licensed psychology and doctoral level graduate students. The combining of resources offers many advantages. The clinician is better able to offer a range of services. Access to a range of rating scales and assessment measures becomes available to the clinician who is practicing independently. Involving graduate students in assessment procedures eliminates the need to schedule multiple testing appointments. Combining community and graduate training allows for a greater diversity in clinic resources to meet the needs of patients from different backgrounds. Involving graduate students as co-therapists in providing services to ADHD children and their parents provides an excellent training opportunity for these clinicians. (JDM)

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Training Clinics as a Resource for Multimodal Treatment of ADHD

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Statement of the Problem

Attention-deficit hyperactivity disorder (ADHD) is the most common psychiatric disorder of childhood (NIH, 1998), accounting for a high number of referrals to pediatricians, psychiatrists, psychologists, school psychologists and other mental health professionals. The extensive empirical research on ADHD indicates that both assessment and treatment of ADHD is best accomplished through the involvement of multiple informants. Thus, the ideal assessment of ADHD involves behavior ratings by parents, teachers and other caregivers, a structured and detailed parent interview, school observation and assessment of intellectual and academic functioning. Likewise, multimodal interventions (e.g. medication combined with parent training, child social skills training and academic skills training) which typically require the involvement of many different individuals in a number of settings (e.g. physician, parents, teachers) are increasingly recommended as effective forms of treatment (Abikoff & Hechtman, 1996). Following these recommended guidelines for assessment and treatment of ADHD requires a great deal of time and cost, challenging the resources of many child clinicians working independently. By establishing a supervisory relationship with a university-based training clinic, child clinicians can expand their range of services while providing clinical experience and supervision to graduate students in clinical, counseling or school psychology.

Proposed Solution/ Description of Services

The ADHD Research Clinic at Indiana State University was established in 1997 in response to the request of local pediatricians who were increasingly being called upon to assess children for ADHD during routine office visits. In addition to physician referrals, the clinic receives a significant number of referrals from parents and school personnel. While school based services for ADHD are now required by federal law (see Fowler, 1992), many schools have limited psychology resources resulting in long waiting periods for assessment and limited interventions. The ADHD Research Clinic provides both assessment and intervention services, utilizing the combined resources of licensed Psychologists and doctoral level graduate students. Although the clinic is housed in the Department of Psychology, we invite graduate student

participation from APA-approved programs in Clinical Psychology, Counseling Psychology and School Psychology. Faculty supervision is currently conducted by two Clinical Psychologists and one School Psychologist.

The role of the graduate clinician in the ADHD clinic may involve both assessment and treatment interventions. Graduate students involved with the ADHD clinic commit to a minimum of one morning a week during the semester during which they are available to conduct ADHD assessments. Students alternate between child assessment (cognitive and achievement testing, CPT and research measures) and conducting the parent interview and scoring behavior rating scales. In the case of third-party reimbursement, a licensed psychologist conducts the parent interview, child cognitive testing and writes the assessment report integrating test results which are scored and organized into a summary sheet by the graduate clinician. The graduate student clinician then meets with the supervising psychologist to provide input and assist with the development of the psychological evaluation. Graduate clinicians are also required to attend the feedback session with the child's guardians and the supervising psychologist. In most cases the feedback session involves education on ADHD, basic training in behavior modification principles and providing responses to common questions regarding the disorder.

The ADHD Clinic also conducts parent training groups based on Barkley's 10-session "Defiant children" parent training program (Barkley, 1997). Participants are referred from the ADHD assessment clinic and also by local physicians, teachers and other practitioners. The parent groups are facilitated by two graduate clinicians who are trained and supervised by a licensed Child Psychologist. Parents or guardians pay only a minimal fee for the cost of handouts. Graduate clinicians are also occasionally involved as "co-therapists" in providing services to individual children and their families who are covered by Medicaid or private insurance.

Billing for Services. Medicaid guidelines and most private insurance programs require that services be provided by a doctoral-level or a licensed masters-level clinician. Graduate

students in Clinical, Counseling and School Psychology programs generally do not independently qualify for third party reimbursement, however, graduate clinicians can be involved in providing supplemental services, which are not directly billed, for ADHD children and their families. In the case of assessment, the graduate student/training clinic could be responsible for conducting school observations and collecting and scoring the parent and teacher behavior rating scale measures. In cases in which the client's insurance does not reimburse for psychological testing, the practitioner could refer the family to the training clinic for cognitive testing and/or a computer-based task of attention (CPT) for a reasonable out-of pocket fee. It may be possible for the practitioner to work out an even lower assessment fee for his/her referred clients in exchange for graduate student supervision (e.g. involving the graduate clinician in interpreting and providing feedback on the overall assessment). Considering therapy services, a graduate clinician could 1) meet with the parents during the child's session with a psychologist to provide parent skills training, or 2) meet with the child for a portion of a session to work on problem-solving or social skills while the psychologist talks with child's parents or guardians, followed by a family session with both the psychologist and graduate clinician present.

Discussion

Combining the resources of graduate training clinics and independent child clinicians offers a number of advantages. Foremost, the clinician is better able to offer the range of services (e.g. parent training, consultation, child social skills and problem-solving skills) needed to adequately address the multiple problems common to ADHD children and their families. For child clinicians practicing independently, access to a range of rating scales and objective assessment measures useful in the evaluation of ADHD may be limited due to overhead costs. In addition, the time needed to collect ratings from multiple informants, conduct school observations, and to score and integrate test data are generally not "billable" activities. By involving graduate students in the assessment process, assessment procedures can be conducted simultaneously with parents and the referred child, eliminating the need to schedule

multiple testing appointments, or to have highly active children wait in the waiting room during a parent interview. Likewise, for treatment interventions, parents can be seen for parent training while the referred child is seen simultaneously for social skills or academic skills training. The parents, child and both clinicians could then meet as a group to discuss progress in the home setting, thus allowing both the parents and the child to have a "therapist advocate." Another important advantage of combining community and graduate training clinic resources is with families of diverse background. Having one of the team members of similar background as the family may enhance rapport building and ensure attention to possible cultural considerations (Sue & Sue, 1999). Particularly in small and homogeneous communities who have few professionals of diverse background, it may be helpful to draw on the services of graduate student clinicians that may represent more diverse cultural and ethnic backgrounds. Finally, the organization and implementation of a parenting skills group or child social skills group is also more time and cost feasible for the independent child clinician with the assistance of graduate student clinicians.

From the training clinic and graduate student perspective, there are also a number of advantages to working with the independent clinician in providing assessment and treatment services for ADHD children and their families. As mentioned, ADHD and related problems are the most common presenting complaint when working with children and families, thus training and experience with this disorder is crucial for graduate clinicians who plan to eventually provide services to children and their families. Repeated administration of a standard assessment battery allows the graduate student not only to gain familiarity with administration and interpretation of common assessment measures, but also encourages the student to recognize patterns of test results that are typical of ADHD and related disorders. Also, by involving students as co-therapists in providing services to ADHD children and their parents, the graduate clinician is able to directly observe the experienced clinician implement interventions, model ways of interacting with clients and coping with difficult therapeutic situations. This type of modeling can be invaluable in assisting students in developing skills in

parent education, individual child and family therapy (Watkins, 1997). Finally, if working with an independent psychologist who is an adjunct faculty member, graduate clinicians may have the opportunity to gain feedback on their developing skills from a new perspective, while also perhaps developing a mentoring relationship with a professional in the community.

In summary, the demands of effective intervention services for children with ADHD require a great deal of clinician time and cost, much of which is not compensated for by third party payers. In order to provide thorough assessment and integrative treatment services for ADHD children and their families, the combined resources of parents, teachers, physicians and mental health professionals is needed. Child clinicians, particularly those practicing independently, may have limited resources in meeting these needs. Affiliation with a graduate training program in counseling, school or clinical psychology may be a valuable resource for child clinicians, as well as an excellent training opportunity for graduate clinicians.

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